## Citizens SuperPac for America

April 17, 2015

Federal Election Commission 999 E Street, NW Washington, DC 20463 Re: Form I, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

"Consistent with the stipulated judgment in Carey v. FEC, this committee intends to establish a separate bank account to deposit and withdraw funds raised in unlimited amounts from individuals, corporations, labor organizations, and/or other political committees. The funds maintained in this separate account will not be used to make contributions, whether direct, in-kind, or via coordinated communications, or coordinated expenditures, to federal candidates or committees."

## 1503-142-3028

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2015 MAY -6 AM 9: 04

Office Use Only

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Ci <sub>l</sub> tizens <sub>i</sub> S <sub>l</sub> u <sub>l</sub> p	o e r Pac for	A <sub>l</sub> m <sub>l</sub> e r li c a l'C	$\overline{SPAC}$	
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COMMITTEE'S E-MAIL ADDRES	3S			
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	Optional Second E-Mail A	Address		
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COMMITTEE'S WEB PAGE ADD	ORESS (LIRL)	San		·
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2. DATE $\begin{bmatrix} 0.4 \\ 0.4 \end{bmatrix}$	7 201,5			
3. FEC IDENTIFICATION NU	IMBER ▶	0.04969.27		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined th	is Statement and to the be	st of my knowledge and belief it	is true, correct and complete	
Type or Print Name of Treasurer	Siddiq Mumin	•		
Signature of Treasurer	idday Man	4	Date 04 ' 17	2015
NOTE: Submission of false, errone		on may subject the person signing ATION SHOULD BE REPORTED		of 52 U.S.C. §30109
Office Use		For further information c Federal Election Commissi Toll Free 800-424-9530	ontact: FEC F	ORM 1

F	EC Fo	m 1 (Revised 02/2009)			Page 2		
•		OMMITTEE Committee:					
(a)		This committee is a principal campai	gn committee. (Complete the candid	date information belov	w.)		
(b)		This committee is an authorized corrinformation below.)	mittee, and is NOT a principal cam	paign committee. (Co	emplete the candidate		
Name Candid				11111			
Candid Party	date Affiliatio	Office on Sought:	House Senate	President	State		
					District		
(c)		This committee supports/opposes on	ly one candidate, and is NOT an a	uthorized committee.			
Name Candid							
Party	, Con	mittee:	** * * ** ** ** **				
(d)		This committee is a	(National, State or subordinate) committee of the	ne .	(Democratic, Republican, etc.) Party.		
Politi	ical A	ction Committee (PAC):		··· · · · · · · · · · · · · · · · · ·			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:					
		Corporation	Corporation w/o Capi	ital Stock	Labor Organization		
		Membership Organization	Trade Association		Cooperative		
		In addition, this comm	ittee is a Lobbyist/Registrant PAC.				
<b>(f)</b>	X	This committee supports/opposes monomittee. (i.e., nonconnected committee)		d is NOT a separate	segregated fund or party		
		In addition, this committee is a	Lobbyist/Registrant PAC.				
		In addition, this committee is a	Leadership PAC. (Identify sponsor of	on line 6.)			
	Eund	roioina Bonrocontativo:					
	rund	raising Representative:	nove fundraising evenence and dish	urana mat mrananda far	r tura as mara political		
(g)		This committee collects contributions, committees/organizations, at least one					
(h)		This committee collects contributions, committees/organizations, none of whi			two or more political		
	Com	mittees Participating in Joint Fund	raiser		·		
	1.		FEC	ID number C			
	2.		FEC	ID number C			
	3.		FEC	ID number C	•		
	4	 	!	ID number C			

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor  CITY STATE ZIP CODE  Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor  CITY STATE ZIP CODE  Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Full Name Sidding Mulmining Minimal Address Side of the City State Zip Code  Title or Position CITY STATE Zip CODE  Title or Position CITY STATE Zip CODE  Tressurer: Ust the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  Full Name Sidding Address Sidding Mulminim.  Mailing Address Sidding Mulminim.  Mailing Address Sidding Mulminim.  Mailing Address Sidding Address Sidding Address Side of Treasurer Side Address Side of Treasurer Side Address Side Organization Affiliated Committee. Side of Treasurer Side Address Side Organization Affiliated Committee Side Organization Affiliated Committee Side Organization Affiliated Committee Side Organization Side		FEC Form 1 (Revised	02/2009)	Page 3			
Mailing Address  City STATE ZIP CODE  Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor  7. Custodian of Records: Identity by name, address (phone number optional) and position of the person in possession of committee books and records.  Full Name    Siddig   Mumin   Mumin     Mailing Address   3   1   7   5   S   H   Q   Q   Q   T	٧	Vrite or Type Committee Nan	ne				
Mailing Address  CITY  STATE  ZIP CODE  Relationship: Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Full Name  Mailing Address  3,1,7,5,S,H,Q,Q,V,Q,T,S,T,S,T,S,T,S,T,S,T,S,T,S,T,S,T,S,T							
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Full Name   S_1 i d_d_i q_   M_ u_m_i n_    Mailing Address   3_1 1_7_5   S_   H_ Q_ Q_ V_ e_ r_   S_1 t_   3_17_5    L_   O_1 S_   A_1 n_1 g_ e_1 l_ e_ S_    Title or Position   CITY   STATE   ZIP CODE    Telephone number   S_1 i_d_i d_ q_   M_ u_m_i n_    Telephone number   S_1 i_d_i d_ q_   M_ u_m_i n_    Mailing Address   S_1 i_d_i d_ q_   M_ u_m_i n_    Mailing Address   S_1 i_d_i d_ q_   M_ u_m_i n_    Mailing Address   S_1 i_d_i d_ q_   M_ u_m_i n_    Mailing Address   S_1 i_d_i d_ q_   M_ u_m_i n_    Mailing Address   S_1 i_d_i d_ q_   M_ u_m_i n_    Mailing Address   S_1 i_d_i d_ q_   M_ u_m_i n_    CITY   STATE   ZIP CODE	6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor			
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Full Name    S_i i d_d_i q_   M_u m_i n	7.	Custodian of Records: Id	entify by name, address (phone number optional) and position of the person in posses	ssion of committee			
Mailing Address    3   1   7   5   S   H   0   0   V   e   r   s   t   3   7   5     L   0   S   A   n   g   e   1   e   S     Title or Position    City   STATE   ZIP CODE    T   r   e   a   S   u   r   e   r     Telephone number   -   -   -     Telephone number   -   -   -     Telephone number   S   i   d   d   q   M   u   m   i   n     Mailing Address    S   i   d   d   q   M   u   m   i   n     Mailing Address    C   A   9   0   0   7   -     City   STATE   ZIP CODE		books and records.					
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any designated agent (e.g., assistant treasurer).    Full Name of Treasurer $S_i i_i d_i d_i q_i$ $M_i u_i m_i i_n$ Mailing Address $3_i 1 7 5_i S_i$ $H_i o o v e r$ $S_i t_i 13_i 7_i 5_i$ $L_i o_i s_i$ $A_i n_i g_i e_i l_i e_i s_i$ CITY STATE ZIP CODE							
Full Name of Treasurer   S_i i_d_id_iq_:   M_iu_im_i i_n	8.						
Of Treasurer         S i i d i d i q : M u m i n           Mailing Address         3 1 7 5 S : H o o v e r S : t : 3 : 7 : 5           L o s : A n g e l e s         C A [9 0 0 0 7] - []           CITY         STATE   ZIP CODE		any designated agent (e.g.	, assistant (reasurer).				
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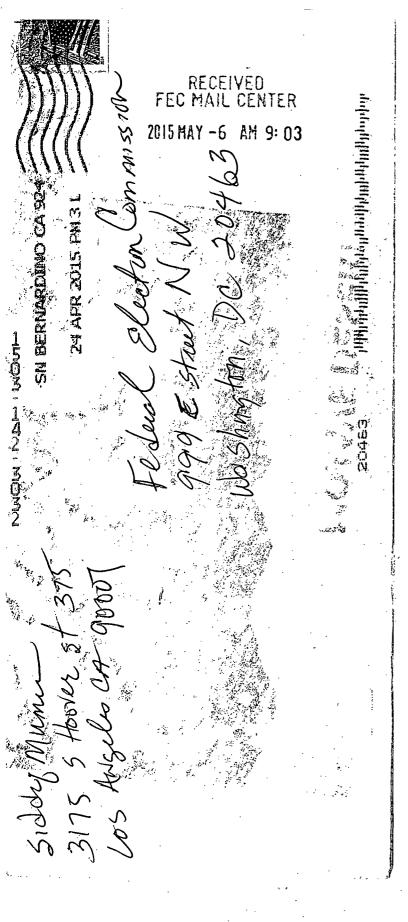
CITY

STATE

ZIP CODE

150%, 142. 30%I

Mailing Address



(3/2015)

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Date of Receipt Postmarked USPS First Class Mail Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): PREPARER DATE PREPARED